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Yee & Associates, P.C.

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Facsimile Cover Sheet

To: Commissioner for Patents for Examiner Uzma Alam Group Art Unit 2157	Facsimile No.: 703/872-9306
From: Jennifer Pilcher Legal Assistant to Wayne Bailey	No. of Pages Including Cover Sheet: 22
Message:	
Transmitted herewith:	
 Transmittal Document; and Response to Office Action. 	
Re: Application No. 09/931,300 Attorney Docket No: AUS920010299US1	
Date: Wednesday, March 16, 2005	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 1 6 2005

In re application of: Brown et al.

Serial No.: 09/931,300

Filed: August 16, 2001

For: Method, Apparatus, and Program for Identifying, Restricting, and Monitoring Data Sent from Client **Computers**

Group Art Unit: 2157 § Examiner: Alam, Uzma

Attorney Docket No.: AUS920010299US1

Certificate of Transmission Under 37 C.F.R. § 1,8(a) Il hereby certify this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, !Alexandria, VA 22313-T450, facsimile number (703) 872-9306! ion March 16, 2005.

By:

TRANSMITTAL DOCUMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

ENCLOSED HEREWITH:

Response to Office Action.

A fee of \$400.00 is required for 2 independent claims converted from dependent form. No additional fees are believed to be necessary. If, however, any additional fees are required, I authorize the Commissioner to charge these fees which may be required to IBM Corporation Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to IBM Corporation Deposit Account No. 09-0447.

Respectfully submitted,

Duke W. Yee

Registration No. 34,285

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Dallas, Texas 75380

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ATTORNEY FOR APPLICANTS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

§

MAR 1 6 2005

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Examiner: Alam, Uzma

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Ву:____

Jennifer Pilcher

RESPONSE TO OFFICE ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

A fee of \$400.00 is required for 2 independent claims converted from dependent form. No additional fees are believed to be necessary. If, however, any additional fees are required, I authorize the Commissioner to charge these fees which may be required to IBM Corporation Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to IBM Corporation Deposit Account No. 09-0447.

In response to the Office Action dated December 17, 2004, please amend the above-identified application as follows:

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